Long-Term Care Best Practices Coalition Meeting
November 2, 2007

Attendees: Sharon Burnett, Lori Bonnot, Debra Cheshier, Dr. David Cravens, Dr. Charles Crecelius, Dr. Thomas Dahlberg, Jon Dolan, Deborah Finley, Dr. Joseph Gruber, Dr. Leonard Hock Jr., Dr. Jeffrey Kerr, Stephanie Long, Sally McKee, Dr. James McMillen, Sam Plaster, Dr. William Rosen, Don Reynolds, Dr. William Rosen, Michael Roth, Terri Russler, Susan Tonarely, Sharon Thomas, Lorie Towe, Amy Woods, Cindy Wrigley

Topic	Discussion/Action
Welcome/Introductions Updates at the State level – Debra Cheshier	Debra welcomed the group and introductions were made. She thanked Primaris for continuing to host the meetings. She then shared recent department updates. Kimberly O'Brien is the new director for the Division of Regulation and Licensure. The department's annual surveyors conference was held in Jefferson City during the week of October 15-19, 2007. The department hopes to be able to increase the slots available for next year's conference, so that more facility and industry employees will be able to attend. Debra would like to have a session at a future conference that focuses on the medical director's tag. Debra suggested that we might want a panel discussion involving this committee's members at the conference next year. DHSS's Planning & Development Unit will start a curriculum for the regions in an effort to train surveyors on the medical director's tag. It is believed that survey team coordinators need more training. There is a pilot program in the Kansas City region this month that specifically focuses on dealing with difficult situations, difficult people, stress, etc. One year ago the department contracted with the Change and Innovation Agency for system improvements. The agency's recommendations (regarding staff retention, complaint handling and the investigation process) will be available to Debra sometime next week. Next year, we hope to focus these efforts on quality assurance. Debra is planning on moving forward with the FENCE program.

Medicare Part D: Therapy Management Programs for Long Term Care and Community Dwelling Beneficiaries Dr. Joseph Gruber, Omnicare, Inc	Medication Therapy Management (MTM) is one of the first opportunities for pharmacists to bill for practices that are not related to dispensing medicines. It allows for the reimbursement of outpatient medicines and helps doctors make sure medicines are used appropriately. With the use of a MTM program, it is hoped that quality of care (decreased morbidity/mortality, adverse drug events, and over/under use) will be improved and costs will be better controlled. Under MTM, there can be an ambulatory formulary and another one for Long-term care facilities. Ideally there should be just one formulary for all settings. The 2008 MTM program should be on-line soon. There are two methods of enrollment; opt-in, opt-out or a combination of both. The top ten list of chronic diseases that qualify for MTM are: diabetes, heart failure, hypertension, asthma, COPD, dyslipidemia, rheumatoid arthritis, osteoporosis, depression and osteoarthritis. The American Society of Consulting Pharmacists (ASCP) is developing an operational plan for stakeholders to use in development of contracts and programs to provide these services to nursing home residents (www.ascp.com)
National Healthcare Decision Day Don Reynolds	National Healthcare Decisions Day is April 16, 2008. There will be an event at the Capitol as well as various locations around the state. The Missouri End-of-Life Coalition is heavily involved in this activity. Susie Pekios is the chair. Handouts were available to committee members.
Tool Kit for Inter-facility Transfer Forms Sharon Burnett, MHA	There were two pilot programs started, one at Lake Regional Medical Center (adopted the form) and another at Boone Hospital Center. Hospitals will be able to incorporate elements from their existing forms to the new form. It is believed the form will decrease medication errors, cost, litigation, and repeat testing. A tool kit has been developed to assist in the implementation of the form. An element of the tool kit is a flyer titled "Best Practices Guide to Action: Continuity of Care Project." The goal is for the flyer to become available with a CD. The committee would like to see the need for new meds added to the transfer form, with the idea that this form would mostly be used on a nurse-to-nurse basis. (From a nurse at the hospital to one at the long-term care facility.)

	There was concern that the form might not be utilized because it is lengthy and burdensome. Sharon agreed that the form is lengthy, but wants to make sure that items that are needed are not omitted. The committee endorsed the recommendations in the guide. The publisher should be changed from DHSS to the Long-Term Care Best Practices Coalition. Sharon Burnett will get an estimate of how much the tool kit would cost to make and relay this information to the committee in the near future.
Caring For Vulnerable Elderly During Disasters Sam Plaster, DHSS	During Hurricane Katrina, nursing homes did not get early evacuation calls as the hospitals did. This was due partly to the fact that nursing homes were not integrated into a federal disaster preparedness response. The 2007 Nursing Home Hurricane Summit was held May 21-22, 2007, in St. Petersburg Beach, Florida. The key summit recommendations are: 1. Nursing homes must be incorporated into disaster plans at all levels - national, state, and local. 2. Disaster response systems must designate nursing homes as health care facilities. These facilities will then receive the same priority status as hospitals. 3. Shelter in place when possible. 4. Long term care providers must develop a viable plan for evacuation or sheltering in place in accordance with their facility's risk. 5. Transportation for evacuation of long-term care facilities should be incorporated into disaster plans at all levels. 6. Maintain communication between long-term care providers and Emergency Operations Centers during a disaster. 7. Share information and resources. 8. Long term care facility disaster plans should be tested with drills. 9. Long term care facility disaster plans should include a plan for communicating with residents, families, and staff, before, during, and after an emergency. 10. There must be flexibility in disaster plans.
Nursing homes: Spending, Staffing and Turnover Sam Plaster, DHSS	The primary purpose of this research article was to identify facility spending behaviors, measured by specific financial ratios, associated with higher staffing levels and lower staff turnover. It specifically addressed the effect of financial ratios on staffing levels and turnover rates for Registered Nurses, Licensed Vocational Nurses and Certified Nursing Assistants.

	The three categories of financial ratios investigated were activity expense, growth and risk, and profitability ratios. The article focused on identifying specific costs and expenditures related to administrative activities, clinical activities (social services and activities related to resident care) and hotel activities (food expenses) that might affect staffing levels and staff turnover. The research identified the following correlations: • CNA turnover was significantly reduced by higher CNA wage rates. • RN's and LVN turnover rates were not affected by wages. • RN wages were positively associated with higher LVN staffing • Higher administrative expenses had a negative impact on LVN and CNA staffing levels but reduced turnover rates for both. • Higher employee benefit expenses had a positive impact on RN and LVN staffing. • Higher profit margins negatively affected staffing rates for RN's, LVN's and CNA's. • Higher profit margins were associated with a reduction in LVN turnover. • Higher food expenses negatively impacted professional nurse staffing levels. • Employee benefit expenses exhibited a positive impact on registered nurse and licensed vocational nurse staffing levels.
MO HealthNet Program and Senate Bill 577 Amy Woods, DSS	Senate Bill 577 passed in 2007. The MO Medicaid program became MO HealthNet and the Division of Medical Services became MO HealthNet Division. The "Ticket to Work" program was re-enacted. Senate Bill 577 took the role of the MO HealthNet Program from a social service role to a healthcare consumer and payer role. Some of MO HealthNet Program goals are: to promote health and wellness; to focus on preventive medicine; to engage recipients to become participants in their health care and to advance the use of evidence-based practices. There are three health improvement plans available from MO HealthNet. They are: Risk Bearing Coordinated Care, Administrative Services Organization (ASO), and Coordinated Fee-for-Service.

	Mo HealthNet has three main committees. They are: the Oversight Committee, the Joint Committee on HealthNet and the Professional Services Payment Committee. The website for Mo Healthnet is **www.dss.mo.gov/mhd/index.htm** An information tool for customers to compare prescription medication prices, provided by pharmacies, is located at: **http://www.morxcompare.mo.gov/**
Next Meeting /Call for Agenda Items:	➢ Draft of "Power Outage Disaster Preparedness Template for Long-Term Care Facilities"
Meeting adjourned	The next meeting is scheduled for February 1, 2008.